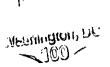
# FORM DEFC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549

# **FORM D**

OMB Number: Expires: Estimated average burden hours per response. . . . . 16.00



## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
DAT	RECEIVED							
1								

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
FSBO Venture Acquisitions Preferred Stock, Subordinated Note and Warrants Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
Type of thing.	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08050290
FSBO Venture Acquisitions, Inc. (A/K/A Thermacore, Inc.)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
780 Eden Road, Lancaster, Pennsylvania 17601	(717) 519-5810
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
N/A ·	N/A
Brief Description of Business	
Manufacture thermal cooling devices	
Tune of Puriness Organization	PROCESSED
Type of Business Organization    Corporation   Imited partnership, already formed   other (1)	please specify):
business trust limited partnership, to be formed	-TJUN 0 6 2008
Month Year	
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	:: [E][ <del>2]</del>
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6)	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s	sales of securities in those states that have adopted
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the arc to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for	responsible the exemption of the exemption of the exemption of the exemption.
accompany this form. This notice shall be filed in the appropriate states in accordance with state law.	The Appendix to the notice constitutes a part of
this notice and must be completed.	
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice	xemption. Conversely, failure to file the ess such exemption is predictated on the

A. BASIC IDENTIFICATION DATA		<u> </u>
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of	f, 10% or more o	f a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and mana	iging partners of	partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Argosy Capital Group III, LP		
Business or Residence Address (Number and Street, City, State, Zip Code) 950 West Valley Road, Suite 2900, Wayne, PA 19087		
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Penn Venture Partners, LP		
Business or Residence Address (Number and Street, City, State, Zip Code) 132 State Street, Suite 200, Harrisburg, PA 17101		
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Toth, Jerome		
Business or Residence Address (Number and Street, City, State, Zip Code)		
115 Township Line Road, Exton, PA 19341		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Rothenberger, James E.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
940 Spoon Avenue, Landisville, PA 17532		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Gockley, James M.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Gernert, Nelson J.		
Business or Residence Address (Number and Street, City, State, Zip Code) 6016 Schoolhouse Road, Elizabethtown, PA 17022		
Check Hox(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Horgan, John P.		
Busines; or Residence Address (Number and Street, City, State, Zip Code) 49 Locust Street, New Canaan, CT 06840		

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter □ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lynn, Kevin Business or Residence Address (Number and Street, City, State, Zip Code) 8 Nursent Mews, Morpeth, Northumberland NE61 2AR Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Baldassarre, Gregg J. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Dorset Street, Lititz, PA 17543 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Nugent, Jack Business or Residence Address (Number and Street, City, State, Zip Code) c/o Argosy Capital Group III, LP, 950 West Valley Road, Suite 2900, Wayne, PA 19087 Promoter Beneficial Owner Executive Officer Z Director General and/or Managing Partner Full Name (Last name first, if individual) Kline, Dean Business or Residence Address (Number and Street, City, State, Zip Code) c/o Penn Venture Partners, LP, 132 State Street, Suite 200, Harrisburg, PA 17101 Director Check Box(es) that Apply: General and/or Promoter Managing Partner Full Name (Last name first, if individual) New Spring Mezzanine Capital, LP Business or Residence Address (Number and Street, City, State, Zip Code) Radnor Financial Center, 555 Lancaster Avenue, Suite 520, Rador, PA 19087 ☐ Beneficial Owner ☐ Executive Officer ☑ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Hobman, Steven Business or Residence Address (Number and Street, City, State, Zip Code) c/o New Spring Mezzanine Capital, LP, Radnor Financial Center, 555 Lancaster Avenue, Suite 520, Radnor, PA 19087 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. 13	NFORMAT	ION ABOU	T OFFERI	NG					
1.	Has the	issuer solo	l, or does th	ie issuer ii	ntend to se	ll, to non-a	ccredited i	nvestors ir	this offeri	ing?		Yes	No <b>⊠</b>	
						Appendix				-		Ei		
2.	What is	the minim	um investm			• •		_				\$_ <sup>20</sup> ,	00.00	
	Б. Л	ec 1			, .							Yes	No	
3.			permit joint		_							X		
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	l Name ( ONE	Last name	first, if indi	vidual)										
		Residence	Address (N	umber and	Street, Ci	ity, State, Z	Lip Code)							
<del></del>								· · · · ·						
Nai	me of As	sociated Bi	oker or Dea	aler										
Sta	tes in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	•						
	(Check	"All States	or check	individual	States)	***************************************					***************************************	☐ All States		
	AL IL MT F.I	AK IN NE SC	IA NV SD	AR KS NH TN	CA KŸ NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR	
Ful	l Name (	Last name	first, if indi	vidual)			<del></del>				<u> </u>		···	
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)	·						
Nai	me of As	sociated Br	oker or Dea	aler								<u></u>		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	s" or check	individual	States)	*************	*************	***************************************	***************************************	***************************************	***************************************	All States		
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR	
Ful	l Name (	Last name	first, if indi	vidual)										
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)							
Nai	me of As	sociated Br	oker or Dea	aler										
Sta	tes in WI	ich Person	Listed Has	Solicited	or Intendo	to Solicit 1	Purchasara							
Jia			s" or check								***************************************	☐ Al	l States	
	AL II. MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	ID MO PA PR	

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 3,800,000.00	s 3,800,000.00
	Equity		- *
	Common [7] Preferred	. <u>v</u>	
	Convertible Securities (including warrants)	c 200,000.00	200,000.00
	Partnership Interests		\$ 0.00
	Other (Specify)		<b>5</b> 0.00
	Total	c 7,945,000.00	. Ψ
	Answer also in Appendix, Column 3, if filing under ULOE.	. <b>5</b>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ 7,945,000.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)	·	\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$_0.00
	Regulation A		\$_0.00
	Rule 504	0	\$_0.00
	Total	·	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ <u>0.00</u>
	Legal Fees	<b>7</b>	\$_175,000.00
	Accounting Fees		\$_0.00
	Engineering Fees	<del>-</del>	\$ 0.00
	Sales Commissions (specify finders' fees separately)	<u>-</u>	\$ 0.00
	Other Expenses (identify) Investor Fee		s 100,000.00
	Total	·····	075 000 00

C. OFFERING PRICE, NUMI	BER OF INVEST	ORS, EXPENSES AND USE OF PI	ROCEEDS	
and total expenses furnished in response to Part C -	Question 4.a. Thi	s difference is the "adjusted gross		7,670,000.00 \$
each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of	y purpose is not the payments list	known, furnish an estimate and led must equal the adjusted gross		
			Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees	•••••		] \$	<b></b> \$
Purchase of real estate			]\$	<b></b> \$
			]\$	\$
Construction or leasing of plant buildings and faci	lities		]\$	<u></u>
offering that may be used in exchange for the asse	ts or securities o	f another	٦\$	7,510,000.00
Repayment of indebtedness	***************************************		160,000.00	T\$
			_	<del></del>
Other (specify):			] <b>\$</b>	
			]\$	<b></b> \$
Column Totals			1 \$ 160,000.00	\$ 7,510,000.00
Total Payments Listed (column totals added)			<b> ∑</b> \$ <u>7,€</u>	670,000.00
	D. FEDERAI	SIGNATURE		
nature constitutes an undertaking by the issuer to fur-	nish to the U.S. S	ecurities and Exchange Commiss	ion, upon writter	
uer (Print or Type)	Signature		ate , , , ,	^ -
BO Venture Acquisitions, Inc. (A/K/A Thermacore, Inc.)	ume	2-700	max 19'	7W3>
ne of Signer (Print or Type)		(Print or Type)	b	
	b. Enter the difference between the aggregate offeriand total expenses furnished in response to Part C — proceeds to the issuer."  Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part  Salaries and fees ——————————————————————————————————	b. Enter the difference between the aggregate offering price given in and total expenses furnished in response to Part C — Question 4.a. This proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer each of the purposes shown. If the amount for any purpose is not check the box to the left of the estimate. The total of the payments list proceeds to the issuer set forth in response to Part C — Question 4  Salaries and fees  Purchase of real estate  Purchase, rental or leasing and installation of machinery and equipment  Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of securities of issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)  D. FEDERAL  Eissuer has duly caused this notice to be signed by the undersigned duly nature constitutes an undertaking by the issuer to furnish to the U.S. Sinformation furnished by the issuer to any non-accredited investor pure (Print or Type)  BO Venture Acquisitions, Inc. (A/K/A Thermacore, Inc.)  Total of Signer (Print or Type)  Tyte of Signer	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Salaries and fees  Purchase of real estate  Purchase, rental or leasing and installation of machinery and equipment  Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify):  Column Totals  Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  Sisuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R lear (Print or Type)  BO Venture Acquisitions, Inc. (AKKA Thermacore, Inc.)	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer"

- ATTENTION -

<u></u>		E. STATE SIGNA	TURE							
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	Yes	No <b>K</b>							
	See	Appendix, Column 5, for	state response.							
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require		strator of any state in	which this notice i	s filed a no	tice on Form				
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state admi	nistrators, upon writ	en request, inforn	nation furn	ished by the				
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish	ate in which this notice is	filed and understand							
	uer has read this notification and knows the conte thorized person.	ents to be true and has duly	caused this notice to	be signed on its be	half by the	undersigned				
lssuer (	(Print or Type)	Signature		Date						
FSBO V	enture Acquisitions, Inc. (A/K/A Thermacore, Inc.)	June E	Tot							
Name (	Name (Print or Type)  Title (Print or Type)									

President

### Instruction:

Jerome E. Toth

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX					
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK.										
AZ				1						
AR										
CA		·								
со										
СТ		Х	Preferred Stock	1	\$20,000.00	0	N/A		Х	
DE								_		
DC										
FL										
GA										
НІ										
ID										
IL										
IN							_			
IA										
KS										
KY										
LA										
ME										
MD										
MA										
Ml										
MN										
MS									,	

#### APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY NC ND ОН OK OR Preferred Stock, Subordinated Notes, Warrants PA \$7,925,000.00 8 N/A Х 0 Х RI SCSD TN TX UT VT VA WA wν WI

	APPENDIX												
1		2	3  Type of security	4 5 Disqualif			4						
	to non-a investor	to sell accredited is in State I-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and e amount purchased in State v (Part C-Item 2)			amount purchased in State						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY		ļ											
PR									ن				